### **2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 823274** 

**Entity Name: COLLEGE ENTRANCE EXAMINATION BOARD** 

Feb 26, 2013 Secretary of State CC7619913782

**FILED** 

### **Current Principal Place of Business:**

45 COLUMBUS AVENUE NEW YORK, NY 10023

## **Current Mailing Address:**

45 COLUMBUS AVENUE NEW YORK, NY 10023 US

FEI Number: 13-1623965 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVEN TITAN 02/26/2013

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	SECRETARY	Title	Ρ

NameSEXTON, DOROTHY ANameCOLEMAN, DAVIDAddress45 COLUMBUS AVENUEAddress45 COLUMBUS AVECity-State-Zip:NEW YORK NY 10023City-State-Zip:NEW YORK NY 10023

Title TREASURER Title CFO

NameTITAN, STEVEN TNameHIGGINS, THOMAS MAddress45 COLUMBUS AVENUEAddress45 COLUMBUS AVENUECity-State-Zip:NEW YORK NY 10023City-State-Zip:NEW YORK NY 10023

Title VP Title COO

Name WEISSMAN, JULIET A Name ELISH, HERBERT

Address 45 COLUMBUS AVENUE Address 45 COLUMBUS AVENUE

City-State-Zip: NEW YORK NY 10023 City-State-Zip: NEW YORK NY 10023

Title VP Title SVP

Name CAMARA, WAYNE Name HUSTON, TODD

Address 45 COLUMBUS AVENUE Address 45 COLUMBUS AVENUE
City-State-Zip: NEW YORK NY 10023
City-State-Zip: NEW YORK NY 10023

# Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN T. TITAN TREASURER 02/26/2013

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title VP Title SVP

Name KAUFFMANN, PETER Name LANE, NEIL

Address 45 COLUMBUS AVENUE Address 45 COLUMBUS AVENUE
City-State-Zip: NEW YORK NY 10023 City-State-Zip: NEW YORK NY 10023

Title VP Title SVP

NameSCOTT, MARY CARROLL WNameMAINELLI, ANDREAAddress45 COLUMBUS AVENUEAddress45 COLUMBUS AVENUECity-State-Zip:NEW YORK NY 10023City-State-Zip:NEW YORK NY 10023

Title SVP Title SVP

NameNEGRONI, PETER JNamePACKER, TREVOR DAddress45 COLUMBUS AVENUEAddress45 COLUMBUS AVENUECity-State-Zip:NEW YORK NY 10023City-State-Zip:NEW YORK NY 10023

Title SVP Title SVP

NameRUDIN, THOMAS WNameSHAW, THERESAAddress45 COLUMBUS AVENUEAddress45 COLUMBUS AVENUECity-State-Zip:NEW YORK NY 10023City-State-Zip:NEW YORK NY 10023